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A Background of Experience

The National Committee for Mental Hygiene (Canada) has rendered a great service by undertaking a study of the distribution of medical care and public health services in this country; a full report of this study is now available in book form and deserves the most careful attention of all concerned. Before commenting upon its conclusions and recommendations, mention should first be made of certain well documented statements which are given prominence in its pages:

1. Less than 10 percent of Canadian families have incomes in excess of $2,950. per annum.
2. More than two million Canadian families (about 4 to a family) have annual incomes of less than $1,000.
3. In 1936, the number of unemployed in Canada was 447,000, or 16.7 percent of the whole wage-earning group.
4. The average annual income of a male wage-earner in Canada is $927. and that of a female worker is $559. The average income of a graduate nurse is estimated at $914.

While no comment need be made here upon the social implications of these facts, their profound significance must be kept in mind. If we apply them realistically to the nursing situation, it is clear that ninety out of every hundred families in Canada cannot afford to employ a private duty nurse for any length of time; the average wage-earner cannot employ one at all, because his total income does not greatly exceed her average earnings, modest though they be.

There are, of course, other alternatives open to the average citizen:

1. He may go to a hospital.
2. He may receive care from a visiting nurse organization.
3. He may employ a non-professional nurse.

The hospital, and the visiting nurse organizations, have gone far toward providing skilled nursing care at a price which the average citizen can manage to pay. But the fact remains that the need of the community for such service is far from being fulfilled and nurses, like other wage-earners, know from personal experience, how bitter that need may be. There are patients (and many of them) who require *continuous skilled nursing care* in their own homes and who cannot afford to pay for the service of a professional nurse even though the lack of it may weight the scale against recovery.

No matter how willing or capable a non-professional nurse may be, there are times when her limited knowledge and experience make it impossible for her to deal effectively with a critical situation. In this issue of the *Journal*, Dean Effie Taylor, president of the International Council of Nurses, freely admits the necessity for and the value of the contribution made by the non-professional group. But when all is said and done, there still remains a need for skilled and continuous nursing care which only professional nurses can give, but for which only ten in every hundred Canadian families can afford to pay.

What, then, is to be done about the vast majority of our people? Is there no way by which the cost may be shared? We do not pay for an individual policeman or fireman to protect us from attack or from fire; and yet we may command the services of either in an emergency, because we make provision on a co-operative basis. Is this co-operative principle applicable to nurses and nursing? The Report of this study goes to show that it may be. As might reasonably be expected, emphasis is laid upon medical as distinct from nursing service. Nevertheless, the medical and nursing problems are sufficiently alike to warrant the application of similar remedies. First let us look at the principal recommendations embodied in the Report:

> In view of the fact that medical care is unevenly distributed throughout Canada, together with the circumstance that so many citizens in the lower income brackets are unable to meet the costs of necessary medical attention, it would be highly desirable to foster developments in the direction of co-operative plans for medical, nursing, dental and hospitalization services. Such arrangements should be organized to spread the costs and so facilitate, as far as possible, adequate medical attention to every Canadian, regardless of his economic status.
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> While it is possible that Canada may eventually reach the stage when a federal scheme for medical care and public health services will be considered desirable, nevertheless, experience will be requisite in meeting the varied needs throughout the country as a forerunner to national planning—experience to be gained by local and provincial initiative and finance.
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> Immediate progress in the provision of adequate medical care services can be fostered for the considerable percentage of Canadians residing in rural areas by extending and improving the Municipal Physician scheme. Experience in Western Canada, particularly Saskatchewan and Manitoba, has demonstrated the practicability and advantages of this means of furnishing the services of general practitioners for rural municipal districts, with costs met through local taxation.
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> The effectiveness of Municipal Physicians can be greatly enhanced through the coordinate development, in rural areas, of local hospitals with approximately 50-bed capac-

ity to serve population units of 20,000. Each hospital would provide an office for the local health department which would serve the same population as the hospital itself. In such a plan, specialists' services and visiting nursing care would be developed.

Since there has been no experience in Canada in providing medical services on a co-operative basis in urban areas for low income groups, aside from industrial projects, it is suggested that municipal authorities, in conjunction with provincial departments of health, explore possibilities in this regard. There is an unquestioned need for a number of experimental demonstrations to gain a background of experience. It was through local experience in Saskatchewan in the employment of Municipal Physicians that planning for rural areas has been made possible. Through pioneering local efforts in cities, there will probably emerge workable systems that may serve as guides for widespread application.

The report points out that relatively few co-operative schemes for providing medical care are now to be found in Canada. Reference is made, however, to an experiment now being carried on in Ontario which is of considerable interest. The Ontario Medical Association sponsors what is known as "The Associated Medical Services Incorporated" and offers group-provision for medical care through a non-profit corporation. The amounts paid by those subscribing to the plan are $2.00 per month by the individual subscriber, with additional sums for dependents as follows: first, $1.50; second, $1.50; third, $1.50; fourth and each subsequent dependent, $1.00. The benefits to which the subscribers are entitled, at need, are:

1. Physician's service in home, hospital or office, including consultation, X-ray and anaesthetics.
2. Surgical procedures within the scope of a competent surgeon.
3. Semi-private hospital accommodation at a rate not to exceed $3.50 per day in an approved hospital, together with "necessary nursing".
4. The costs attendant upon childbirth, subject to certain conditions.

This co-operative plan began in a very modest way but its growth has been steady and the present membership is now considered large enough to assure the maintenance of adequate reserves. How far the provision of nursing service can be carried remains to be seen, but its inclusion among the benefits offered to the subscribers points the way toward further experimentation. Obviously it would be unwise to place too much emphasis upon the success of a single experiment; but a carefully planned scheme, conducted under sound medical auspices, is worthy of close attention. One of its most outstanding merits is that it does not depend on governmental aid and is therefore more likely to succeed at a time when taxation for war purposes is very heavy.

In the September issue of this *Journal,* attention was drawn to the valuable survey of the distribution of nursing service which has been conducted over a period of years by the Registered Nurses Association of Ontario, and which is still in progress. The findings of this survey have been used to advantage in the Report and add greatly to its value from a nursing point of view. The fact that the R.N.A.O. survey is relatively limited in its scope does not detract from its importance in the opinion of the National Committee for Mental Hygiene. Throughout the entire Report, the value of local initiative and actual experimentation is stressed repeatedly—and it is right here that we have most to learn from it.

No field is more important than that which, for want of a better name, we call "private duty"; yet, if we continue to ignore its problems and its potentialities, it will soon be lost to us. We would do well to remember that the *skilled* care given by a nurse to a patient is, and always will be, the fundamental activity upon which the practice of nursing rests.

If we are alive to certain trends, the focus of our thinking during the next few years will be the registry, and the means whereby it may be transformed and developed. If co-operative schemes are to be devised for providing skilled nursing in the home, the registry must play a leading part and those who are responsible for its direction should include able representatives from every branch of nursing practice. The task of the registrar in a modern registry entails such great responsibility that the best women we have are none too good for it. The members of a registrants' committee can only serve acceptably if they understand the social and economic factors which are involved, and they, like nurses in other fields, must seek to fit themselves for leadership. Naturally they will look to the departments and schools of nursing in our Canadian universities—a challenging opportunity to break new trails which will surely not be rejected by our educators.

The study made by the National Committee for Mental Hygiene has shed much light on the economic aspects of the practice of medicine. It lies with us to share the benefits of this illuminating and competent report by applying it to the practice of nursing. One of its conclusions especially deserves to be remembered: *There is an unquestioned need for a number of experimental demonstrations to gain a background of experience.*

—E. J.

Nursing in Finland and Sweden

NETTIE D. FIDLER

During the summer of 1939 the writer had the good fortune, through a Rockefeller Foundation travel grant, to visit Finland and the Scandinavian countries. A few of the impressions of nursing gained on this trip may be of interest and, in order to avoid repetition or too great length, I shall confine these to Finland and Sweden.

From Paris to Helsinki, capital of Finland, is a journey of three nights and two days by train and boat, though only six hours by air. One of my chief recollections of this journey is of an ever-increasing and incredible cleanliness, which had become decided in Denmark but was if possible surpassed as one went north and east through the Nordic countries. As the traveller comes into the magnificent harbour of Helsinki, she realizes that she is not only far North, but also at the beginning of the East. A suggestion of domes and minarets, the style of many buildings, great squares, give an impression that in our imaginations is Russian; and this is increased in the city by uniformed women acting as street car conductors and working on construction jobs. This impression, of course, is purely superficial, and would

STOCKHOLM AT NIGHT

not be considered flattering by any Finnish person. However, it is said to be a fact that women in Finland have equal opportunity with men in all occupations.

Finland has a Socialist government, and appears to be a truly democratic society. It is a small country of about three and a half million inhabitants, and is thickly wooded and dotted with many lakes. In fact, it frequently resembles the northern parts of Quebec or Ontario. It is not rich, but the people certainly do not seem poverty-stricken. Food is good and cheap. There are only a few large cities; these are in the main composed of buildings in the modern style of architecture and decoration in which these Nordic countries have taken such a pronounced lead.

Finnish nursing, as is well known to Canadians, is of a very high order. There is a State Board of Health, including a Nursing Department, which is responsible for public health and the care of the sick. Under this, one is impressed by the strong unified control of all nursing, and the way in which the service seems to cover the entire country — not as fully as they would desire, but completely and systematically. The result is much greater uniformity than with us; this of course may be simpler in a compact country of three million people than in a far-flung and varied one. Another thing that strikes one is that in spite of the undoubted excellence of the nursing service, the attitude is far from self-satisfied.

As our nurses come into existence in nursing schools I shall start with these. All training schools in Finland are state schools, except one or two deaconess schools which also come under the regulations of the State Nursing Division. There are six of these state schools, with three central preliminary schools. Students live at the state school and go to the hospital by the day. Formal teaching is not as extensive as in our schools. There was a great deal of building going on in Helsinki in preparation for the Olympic games in 1941. One of these buildings, which is out in the new hospital district, is going to be taken over by the state school afterward. It will house 500, and then all the undergraduate students of Helsinki, and the students of the post-graduate courses, in public health and in nursing education, will be brought together there. There is at Pori a good general hospital, and the city and surrounding district are to be one public health unit. Here it is hoped to start a new training school giving a combined course of public health and bedside nursing.

In connection with hospitals, there is in Finland a situation which is the reverse of that usually seen. The State is responsible for general hospitals, and the local authority for mental and tuberculosis hospitals. The entire country is divided into districts for this purpose, and groups of counties together build a mental hospital and a tuberculosis sanitarium in each district. When the Russians left in 1920, there were only two or three of each; but already the Finns have built twenty mental hospitals, and fifty tuberculosis sanitoria having six thousand beds. As this whole scheme is new, the result is that they are mostly extremely up-to-date. Though there are no private wards, these excellent hospitals are patronized by all classes. Charges are very moderate.

Of the 7000 state registered nurses in Finland, about 700 are graduates of the Public Health school. All the counties are being divided into districts, each of which has a nurse doing general public health work, including bedside care with the exception of maternity work, which is done by midwives. Each nurse serves a population of 2000 to 3000. This service extends right up through Lapland and along the Russian border, where there are also several Red Cross outpost hospitals.

Midsummer night (June 23) is the great summer holiday throughout the northern countries. The hospitals as well as all other buildings were decorated with beech boughs, and there were parties everywhere. Many groups sat all night in the light of the midnight sun on the shores of the Baltic Sea, singing and drinking coffee. The night we crossed the Baltic from Finland to Sweden it never grew dark. Much the same sort of celebrations had gone on in Sweden, with a great deal of folk-dancing.

Stockholm, "the Venice of the North" is admittedly one of the most beautiful cities in the world. The architecture of the old city in the centre is rather North German in style; elsewhere it is apt to be modern. There are a great deal of water and lovely bridges. It is a sight worth seeing when the regiment in the sky-blue and silver Swedish uniform, with a very gay band, marches at noon down the Kungstradgarden and over the bridge to the Palace to change the guard.

As in Finland, the government in Sweden is Socialist, and social and industrial welfare have attained a high state of development. The chief ministry is the Ministry of Social Affairs, and it comprises the divisions of local government and municipal affairs, of social affairs in general, and of public health affairs, this latter including the Medical and Health Board, which has a nursing department. This allows for an intimate interplay between these obviously related divisions, and seems to provide an organization which is solid yet flexible.

There are twenty-two schools of nursing, state and private; a state college of Public Health Nursing; and courses for instructors and matrons conducted by the Nursing Association. Six or seven of these training schools are foundation schools; all others have a board which is separate from that of the hospital though in the smaller ones the head doctor is the principal of the school. Typical of the foundation schools is the best known, the Sophiahemmet. This was established as a school of nursing for educated girls by Queen Sophia in 1884. A Swedish nurse was sent to St. Thomas's Hospital in London and then brought back to take charge. In 1887 a building was erected, and a hospital was built, really for the school. Sophiahemmet is a large school, however, and the students go to twelve different hospitals. The present head of this school, and responsible also for nursing in their own hospital, is not a nurse but a teacher.

In Sweden, the typical school has till very lately resembled the German *mutterhaus*. The nurses remained members of the group all their lives, had common economic interests, and the school placed them in positions. There was rather a religious tone. It is only recently that the Sisters have permission to wear civilian clothes. Student nurses still wear uniforms at all times, on or off duty, except for sports and vacation. There is still at Sophiahemmet a residence for old Sisters, retired, where they can board cheaply; and the Sisters on retirement have a pension from the School in addition to the State pension.

All twenty-two schools are approved by the Medical Board, which also inspects them, but does not support them. One result is that on graduation a nurse is automatically registered, and does not need to write an examination for this purpose. As in Finland, theoretical instruction is brief in comparison with ours. In Sweden, it is given entirely by the block system with very long unbroken practice periods alternating with brief teaching periods, except in the case of special training such as pediatrics, tuberculosis, and psychiatry.

Concerning public health in general, while the Medical Board is the central advisory and inspectorial authority, the County and City Councils must see that every county has a sufficient number of general hospitals, infirmaries, and hospitals for infectious diseases, though the state gives help in their support. In every county there is one big central hospital with all the general services, and smaller cottage hospitals around. Tuberculosis is cared for by the co-operation of the State, the local authorities, and certain private institutions. Thus all types of medical service are largely state medicine. This includes certain individual practitioners. These "provincial doctors" are appointed by the state and receive a salary, but may also charge small fees at fixed rates. It is interesting to note that the decree laying down the functions of these district physicians was issued in 1744. State posts are much sought after and the best men go into them.

The County is now also responsible for employing public health nurses and is divided into health districts, each with a Medical officer of Health, and each supposed to have as soon as possible a certain number of public health nurses. The State helps here by paying about one-third of the salary of each nurse, and they get a State pension. There are now 8400 active nurses in Sweden, of whom 70 percent are in hospital work, 20 percent in public health, and 10 percent in private nursing. They hope soon to have 2000 public health nurses, each with 2500 to 3000 people in her district. They also expect to have in each of these districts a child welfare centre, school nursing, tuberculosis and general work.

Sweden has an extremely active Red Cross Society, of which Prince Carl, brother of the King, is chairman. They interest themselves in all hygienic and medical matters, but of late especially in the care of the sick in isolated rural districts and in Lapland. The society has particularly concerned itself with the transportation of the sick, and has established a plane-ambulance service in Lapland.

Sports are considered of much value in building the national health, and in promoting social and democratic attitudes, and are encouraged in every way. Student nurses have two uniforms — a nursing uniform and a sports uniform; and all nursing schools have gymnasia and instruction. Whether it is due to sport or not, one certainly sees here very fine-looking people.

As one looks back on a happy visit to the Nordic countries, one hopes fervently that they may be able to continue peacefully developing the sane and healthy democracies they have built up.

Editor's Note:

The visit to Sweden and Finland which is described in this article was made in the summer of 1939, a few weeks before the outbreak of war.

Taking the Western Trail

In the January issue of this *Journal*, it was officially announced that the general meeting of the Canadian Nurses Association will take place from June 24 to 29, in Calgary, Alberta.

In these troubled times it is most desirable that Canadian nurses should meet to take counsel together, and that can best be accomplished by the direct personal contact that the General Meeting affords. Reports of committees and the minutes of executive meetings help to link our scattered groups together, but when all is said and done the best way to deal with most issues is by open debate. The impact of one mind upon another gives off the vital spark from which the torch is kindled.

The nine Provincial Associations of Registered Nurses, which together constitute the Canadian Nurses Association, will surely be well represented by their appointed delegates. But the salt and savour of a General Meeting is afforded by the many free-lance members who attend "on their own". These are usually drawn from the ranks of the younger nurses, and their contributions to the various discussions have a zest and spontaneity which liven up sessions which might otherwise be too formal.

One of these young nurses said the other day that she thought that "the old Ford could make it, once it struck the prairies" although she evidently was not quite sure what the ancient vehicle could do on the hills. It must be admitted that the road to Calgary is a long one, especially if you come from Quebec or the Maritimes, but for a good part of the way, the grades are easy and the roads are good.

If you have never seen the West, June is the time to take a good look at it. This is the month when the wind ripples gently over the fields of fresh green wheat and the wild roses are in bloom beside the western trail.

The Auxiliary Worker in the Care of the Sick

Effie J. Taylor

I am sure you are aware that you have given me a difficult topic to discuss. It is one, moreover, which, because of its difficulty and the many factors involved, cannot be dealt with sentimentally, nor can it be put aside without the most thoughtful and intelligent consideration, even though its implications may offend our ideas of professional justice and our wishful professional thinking.

During the past seventy-five years nursing has had its ups and downs. While we are confident that progress has been made, we are filled with anxiety lest much that has been accomplished will be set at naught should our present standards of professional nursing fail to satisfy the needs in the care of the sick. What will happen to nursing as a profession is more vital to us than it is to those who use the services of nurses. The standards set by nurses themselves, for professional protection and advancement, are of less importance to the average public than that enough nurses, of one kind or another, are available who will respond to the varied and miscellaneous calls, which, in their judgment should be satisfied.

Two major issues confront us. The most important is effective service to the public, and the other, which is definitely bound up with the first, is the maintenance of ideals for the profession. We have contended, as a profession, that the patient will be better served through improving standards in the selection of candidates for schools of nursing, because these students ultimately become members of the profession. We have maintained, and rightly, that the education of nurses should be held on a high plane and should be advanced as medical knowledge progresses and as the result of scientific studies is made available. Nursing education must be changed to meet the advancing ideas for the cure of disease and the promotion of health. In all countries, national nursing bodies are convinced that nursing requires for the performance of its serious and demanding activities, better prepared and more mature young women than many of those who were taken into our schools during past years. To maintain traditions and principles we believe to be of great importance but at the same time to meet the increasing demand for more and more nurses has been a serious question. Our failure to do both adequately has caused us great anxiety and has placed some of our standards in jeopardy.

When demands are made upon any professional body and are not satisfied, some other group, lay or professional, is very likely to take the matter in hand. In most cases, scant attention is given to upholding the criteria which have, in their opinion, failed. This fact I am convinced we cannot ignore nor can we dismiss it from our consideration.

I believe we have reason to state that if organized nursing had been able to satisfy all the demands of the public for service in the care of the sick, very little pressure would now be brought to bear on the profession itself to accept standards on a lower level. Somewhere along the line, whether wilfully or otherwise, we have not succeeded in supplying enough nurses of the proper kind to meet the needs for the care of the sick, and it is for this reason that we are faced with the alternatives which are not pleasant to contemplate. Perhaps the members of the profession itself are not entirely without blame. Our system of training in any case has not been faultless and its deficiencies have demonstrated its frailties.

You are no doubt familiar with nurses who on private duty will not respond to calls unless these happen to suit them. Some will not take night duty; others will not care for chronically ill patients. In our country, some nurses register against the care of obstetrical patients, or children, or patients with mental diseases; others refuse to go to the country or to remote rural areas, and still others will not care for patients with contagious diseases. Nurses have obtained, whether rightly or wrongly, a reputation for independence, and in some members of our profession it may be apparent that the spirit of service is singularly lacking. I am convinced that the indifferent attitude of some professional nurses to their obligations has been no small factor in bringing about the situation in which we find ourselves today.

By some people, organized nursing is looked upon as a closed corporation, and its greatest concern the advancement of the profession rather than service to the sick. I doubt that such a charge is wholly justified, and yet not infrequently we do find distressing situations which would be hard to explain on any other basis. The other side of the picture is concerned with the conditions under which nurses have been forced to work — long and tedious hours; small remuneration; arbitrary domination; little consideration for their lives as human beings, their social status, and their opportunities for advancement. With conflicting forces at work, it is small wonder that problems relating to supply and demand have arisen, and already the profession has been called upon to grapple with problems relating to the status of the subsidiary worker.

This type of auxiliary, by whatever name she may be called, is here to stay and our problem is what to do about her preparation and control. In some parts of our country she is called a practical nurse — a term I have never approved — and in others an undergraduate nurse; but the term we like best is trained attendant. This designation has been in vogue at times and discarded at others because of its connotation. However, by making the work, the training, and the compensation honourable, as well as by recognizing and protecting her status by law, the title is now acceptable in many states. A number of young women of a good type have trained in schools for attendants and appear to be rather well satisfied to be known as such. The control of the word "nurse" has not been possible, although attempts have been made through legislation to protect the term and limit its use to the graduate and registered nurse. But, as far as I am aware, this has not been successfully accomplished in any state.

The situation in the United States and in Canada is not entirely similar to the situation in Britain. In neither of our countries have we national registration. In all of our States or Provinces registration is required, but each State or Province has the power to make its own laws and these differ materially in requirements. On account of the variations in requirements, our system is complicated.

The problem which also faces American nurses is somewhat different from that with which the English nurses are contending. As far as I know, there is no serious shortage of nurses at present, although at times nurses in sufficient numbers cannot be found to meet the needs in certain areas. Nurses, like other workers, gravitate to the large centres, and the small towns and rural areas suffer in consequence. The problem in America is one of distribution rather than shortage. The agitation for a second-grade person who cares for the sick, is based on the patient's ability to pay, upon the needs of the household, and upon the demands of the medical profession, some of the latter we regret are satisfied with motor rather than intellectual efficiency.

You are doubtless aware that in the United States we have no compulsory sickness insurance, although we have some voluntary provision for hospitalization and nursing care. Those of us who believe that sick people, whether rich or poor, require the highest type of skilled care performed by competent cultured and well-trained women, also believe that the kind of nursing care which patients are to receive should not depend upon their income, but entirely upon their need and medical condition. The majority of our nurse educators feel that there is a period in the illness of patients, and that there are types of minor ailments when skilled nursing care is not so essential. We believe that there is need, therefore, for someone to perform the services which are largely dependent upon motor skill and to provide for certain physical and domestic needs.

The questions of importance for consideration are: how should such persons be trained; for what types of illness should they be permitted to care; by what term should they be called; what should be their remuneration; by whom or by what type of organization should they be controlled; and should all persons who care for the sick be licensed to practice?

May I try to discuss some of these questions in terms of our experience rather than by voicing my own personal opinion? When these subsidiary workers are trained at all they are trained in institutions (except in mental hospitals) where no training schools for nurses are maintained. The training may be from six months to a year, and the subjects included in the course of study are elementary in nature, while the entrance qualifications range from grammar to high school.

In the majority of States, I regret to say, the function of the second-grade person who cares for the sick in the home is not limited by law to minor illness and to the performance of household duties associated with illness. Too often she may be called into the home for cases of minor illness which later prove to be serious in nature; consequently this untrained or half-trained person frequently performs the duties which for the safety of the patient should only be performed by an adequately trained and registered nurse. The doctors are often satisfied with the kind of care this person gives, and it is in this particular that most of the difficulty lies.

There is a difference of opinion as to how the work of this person should be controlled, but I believe I am safe in saying that the majority of our nurse educators and administrators favour license for practice, and control by our nursing registries and bureaux and by organized nursing. It is a growing belief in both Canada and the United States that all those who care for the sick should be subject to regulations set up by the examining bodies. We know there are certain hazards, but we believe there are greater hazards when a free-lance practice is permitted.

We are convinced that in the interest of the patients, and also of the profession, general supervision and control is necessary if the need must be recognized and we are of the opinion that it cannot be avoided. General education of the public in relation to the practice of nursing and care of the sick in any form should be the function of the organized profession. Today, in our country it is too often true that patients do not know what kind of care they need, nor what type of person is qualified to give that care. A good deal of public education (as well as the education of the medical profession and ourselves) must be carried forward.

Probably we are all agreed that, if it were possible, only the registered professionally trained woman should be called a nurse but as I stated earlier in this discussion, the protection of the word "nurse" has been attempted in our country and has failed. We can protect the terms registered or certified or graduate nurse, but "nurse" itself has too long been used in the household, and by non-professional people to hope that public opinion will support its restriction. It is the opinion of many in the United States that the assistant or less qualified person should be called an attendant, and as we have stated previously, laws have been passed successfully in some States, and in some Provinces, to this end.

In many States the term "practical nurse" is in current use, and in New York State it was necessary to specify this grade of nurse in the Nurse Practice Act in order to obtain desirable legislation for the licensing of all those who care for the sick for remuneration. Such legislation has been enacted recently. The fact that a "practical nurse" had to be mentioned is greatly deplored. In Connecticut, through a new nurse practice Act, we attempted to provide that all persons caring for the sick for remuneration should be licensed. Some concessions had to be made but we were successful in securing legislation for the training and certification of the trained attendant. Ths group will come directly under the authority and supervision of the State Examining Board of Nurses. No mention in this bill is made of a second-grade nurse, but it does not entirely preclude the "good neighbour" from acting in the capacity of a nurse and receiving payment for her services. The bill, however, provides for the registration and licensing of only two classes of persons: the graduate state registered nurse and the certified trained attendant.

In hospitals and in Visiting Nursing Organizations we use what are called subsidiary workers and such persons may assist with the care of patients under supervision and usually perform duties which are accessory to the actual nursing care of patients, such as making empty beds, assisting with baths, feeding helpless patients of certain types, caring for linen, utensils and the patient's flowers. These workers also sit with patients who must be constantly watched, and perform such duties as the bathing of hands and face before meals or after treatments. Workers of this kind conserve the time of nurses and make it possible for the professional nurses to extend their efforts in giving the skilled care required by the sick patients.

I am convinced that organized nursing must attempt, as far as possible, to make the profession of nursing more attractive to a better type of young woman if we must face the probability that subsidiary workers will also be used in giving care to the sick. Nurses must be imbued, by some means or other, while in training and thereafter, with a clearer concept of service in order that public confidence will be restored, and nothing less good than the best will be desired. At the present time, to our regret, the doctor and the public sometimes assert that the second-grade person is more acceptable in the home. Provision must be made and control exerted for some type of auxiliary worker to fill the need not met by professional nurses, and we must agree that there are many such needs.

The most thorough and clear type of

public education must be carried on in every country concerning the great importance of providing, in some way or other, the highest type of intelligent and skilled nursing care for all sick patients without consideration as to their ability to pay. The public in every case should know what they are getting and for what they are required to pay. It would seem logical to infer that those who require the services of a nurse — lay people as well as the medical profession — will co-operate when they are convinced that something more than merely the status of the professional group is at stake, and I am of the opinion that the convincing is our responsibility.

Editor's Note:

At the twentieth annual meeting of the Association of Hospital Matrons, held in London, at St. Bartholomew's Hospital, on July 8, 1939, Dean Effie Taylor, President of the International Council of Nurses, by invitation presented some of the means by which American nurses are seeking to solve the problems associated with the care of the sick by personnel other than graduate registered nurses. This article is the substance of that address.

Nursing Service, R.C.A.M.C., C.A.S.F.

After a quarter of a century history repeats itself, and hundreds of Canadian nurses are anxiously inquiring how they may join the Royal Canadian Army Medical Corps, Nursing Service, for duty at home or abroad. Also, the Overseas Nursing Sisters, veterans of the last war, many of whom were very young in 1918, are again volunteering. Every District throughout Canada has a long list of applicants, all graduates from recognized training schools, a great number with valuable experience in special branches such as administration, surgical nursing, X-ray, and anaesthetics. The Canadian Red Cross Society, in all large centres, keeps a list of nurses enrolled for duty in war or disaster.

In peace time, the Permanent Force Nursing Service on duty in Canada is very small, one Matron and ten Nursing Sisters, in most Stations one Nursing Sister only. The Medical Officers, Sisters, and non-commissioned officers, in Military Hospitals hold courses to qualify nurses for the Royal Canadian Army Medical Corps, Non-Permanent. These Sisters, after passing required examinations, are called to the Military Hospitals when needed for special cases, camp or relief. They are keenly interested in military work and have taken the month's course, attending lectures and spending specified time on duty in the wards, without pay. In this way there are always new graduates who understand military routine. Their rank is Nursing Sister (Non-Permanent), and they may wear the uniform when on duty in Military Hospitals. In war time, the Military Hospitals are filled to capacity with patients from Training Centres, and of course there will be many more hospitals organized. In Military District 2, No. 15 General Hospital has utilized the old Grace Hospital buildings in Toronto for their Unit; these are now equipped for military patients. Col. C. A. Rae is Officer Commanding, and Miss Agnes Neill is Matron. The Nursing Sisters are graduates from Hospitals in this District, although a number come from homes in other Provinces. District No. 11 has No. 5 General Hospital in Winnipeg, with a number of Sisters one of whom, Nursing Sister Hearn, was overseas during the last war.

Turning from Sisters to their uniforms, we have first the "service uniform", worn with organdie veil. This was designed when Canada first organized a Military Nursing Service, and is unchanged although the length of the skirt has varied many times with the years, and the original high linen collar was condemned during the last war, unmourned. A white gored apron is worn when on duty in the wards. The cape also is unchanged, except that cherry lining was substituted for scarlet some years ago, when the Royal Army Medical Corps on which our Medical Service is based, made that change in their colours.

The great coat, which originally boasted six brass buttons on each side, now humbly displays three plain black bone ones in their place. Rank badges are worn on each shoulder-strap of both service dress and great coat, but not on the recreation suit or raincoat. These badges are:

Matron-in-Chief—One Crown
Matron—Three Stars
Nursing Sisters—Two Stars.

Full dress, though still in dress regulations for the Permanent Force, is being laid aside for the duration of the war. The new note is a navy blue recreation suit with a small R.C.A.M.C. badge on each rever, mid-blue shirt-waist, and a tie. This is worn with navy blue uniform hat and badge, and may be used with either cape or great coat in cold weather. The veil, of course, is never worn with this. Throughout Canada, a number of firms are supplying uniforms, of best procurable material, made according to regulations, on a non-profit basis.

Like the soldier, every applicant before joining the Nursing Service must be physically fit. Ability, cheerful temperament, and adaptability are most important qualities for the Nursing Sister. Much difficult and important work lies ahead for these professional women, but training, youth and high ideals should carry them through with flying colours. Canada will surely have every reason to feel proud of her Nursing Service.

Editor's Note:

This statement has been released for publication in this *Journal* by the proper authorities.

Evening at I. C. N. Headquarters

By way of a Christmas greeting, Miss Effie Taylor, President of the International Council of Nurses, and the acting-secretary, Miss Calista Banwarth, sent the *Journal* this delightful photograph and a message of goodwill:

Due to calamity and distress, we International Nurses are bound more closely than ever before by ties of sisterhood and the dedication of our lives to the service of our fellowmen. In spite of the fact that we are set apart, on the one side by the Atlantic and on the other by the Pacific, in spirit we are not separated by space nor are we bound by any influence dominated by the will of man. We are working implicitly believing that Divine Power will restore peace and happiness again to a troubled world; we are trusting for this with faith and vision. We are hoping to share each other's confidence and thus strengthen our relationships during this crucial period.

The skies are still dark, and it is hard to speak calmly of what has happened in Finland. The nurses of this indomitable country are among the best in the world, and from their ranks have come some of our most outstanding leaders. In 1925, the I.C.N. met in Helsinki and nurses from every part of the world agreed that the spirit of a free people made itself felt in all that was said and done there. In the words of our International President, "in spirit we are not separated by space". The hymn written by Sibelius and sung by the Nurses Choir, still echoes in our ears — Finlandia!

APPOINTMENT OF NURSING SISTERS

The Canada Gazette announces that the following have been appointed to be Nursing Sisters, Royal Canadian Army Medical Corps:

Frances M. Copeman, Dorothy H. King, Merle A. Kerr, Hester J. Lusted, Jean Buchan, Mabel Glew, Ethel M. Jamieson, Ethel P. Sunderland, Helen L. Thompson, Lorene L. Cheney, Agnes D. Potts, Marion L. Tomlinson, Constance E. Hoare, Ruth Thomson, Margaret A. Jarvis, Ann U. Murray, Florence M. Bateman, Lora M. MacKay, Fernne E. Boehm, Jean H. MacDonald.

Mary R. Shaffner, Frances G. Charlton, Mary C. McDonald, Margaret Zeggil, Grace E. Cowieson, Elizabeth S. Ford, Olive L. Hackney, Alice C. Tavener, Jessie K. Sangster, Ruth MacLean, Margaret H. Kellough, Emma J. Sweetnam, Irene E. Mick, Helen J. Howe, Marjorie L. Black, Edna L. Benns, Winnifred M. Hendrikz, Helen S. Elliot, Dorothy A. Macham, Ethel G. MacKenzie, Francis P. Collins, Frances S. Tetlaw, Elizabeth I. Fenton, Margaret E. Marshall, Marion E. Bell, Edith M. Read, Ella L. Sargent, Doris J. McCormack, Eleanor M. Acheson, Margaret W. Carruthers, Irene B. Seeds, Margaret M. Whitaker, Isobel M. Millican, Edith Kergin, Dorothy M. Herson, Eleanor C. Purdy, Ruth G. Austin, Sarah Eede, Drena E. Birkett, Jean A. McCannell, Dorothy W. Riedel, Charlotte M. Cooper, Martha I. Corbyn, Helen M. Wilkin, Eleanor M. Jones.

Martha B. Hearn, Annie E. Taylor, Florence A. O'Donohue, Jean Machray, Lillias M. Blackburn, Marjorie E. Lounds, Helen Dyck, Agnes I. Lang, Anna M. Cran, Evelyn D. Gregory, Kathleen G. Corke, Janet A. S. Parker, Nancy C. Hall.

Jessie R. Coleridge, Matilda N. Devere, Gladys A. Campbell, Mamie L. Eager, Gladys M. Wilkin, Agnes Paquet, Rose Hamelin, Bertha A. Lord, Nesta O. Anderson, Anne M. Cloutier, Eileen J. Brewer, Lillian T. Arnott, Jeanne Clavet, Vivian E. Wrye, Mary Timmons, Marion E. Fife, Christeen M. MacIver, Aline Vezina, Eileen M. McMurray, Irene M. Henderson, Audrey I. Cochrane.

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments to, and resignations from, the Victorian Order of Nurses for Canada:

Miss Laura Wall, graduate of the School of Nursing of the Ottawa Civic Hospital and of the course in Public Health Nursing, University of Toronto, has been appointed to the Winnipeg staff.

Miss Jean Leask has been transferred from the Toronto staff and took charge of the branch in Regina, Saskatchewan, replacing Miss Curry.

Miss Carolyn Curry is to take charge of the Sydney branch replacing Miss Anna MacKenzie. Miss Curry was formerly in charge of the Regina Branch.

Miss Bessie Skinner is being transferred from the Hamilton staff to the position of nurse-in-charge of the branch at New Liskeard, Ontario, to replace Miss Elsie Franks.

Miss May Deane-Freeman, formerly in charge of the branch at Edmonton, Alberta, has been admitted to the Montreal staff.

Miss Lillian Wixon, recently of the Hamilton staff, has retired.

Miss Gertrude Comeau has resigned from the Moncton staff to be married.

Miss Elsie Franks has resigned from the New Liskeard branch to accept an appointment with the Department of Health in Kirkland Lake.

Miss Anna MacKenzie has resigned as nurse-in-charge of the branch at Sydney, Nova Scotia.

Appraisal of Student Work

HELEN CARPENTER

Students taking the course in public health nursing which is given at the School of Nursing, University of Toronto, come to the Victorian Order of Nurses for one month's experience. They are assigned by the School in groups of ten during three months of the year and the educational director of our Victorian Order Staff guides their experience. She gives demonstrations and arranges conferences which include a discussion of health teaching, recording, and a demonstration of each type of visit. The students gain their experience in the various districts of the city and are assigned to a staff nurse who, with the assistance of the district supervisor and senior nurse, directs their work. Supervision is shared by the staff nurse, the senior nurse, and the supervisor and before the conclusion of the month's experience, a report of the student's work is written and discussed with her. These reports are returned to the School of Nursing. This appraisal of her work is not in reality a finale to the student's experience. It is, rather, a continuous survey of her growth during field work.

What are the objectives of appraisal and why do we attempt to write a report of the student experience during one month in the field? We immediately think of the need on the part of the School of a grading, or ranking, a judgment of ability shown. We also think of the need for such a report to be available for future employers of the student. There is, however, a far more valuable objective than these — that is, self-appraisal. Virginia Robinson, in her book on "Supervision and Social Case Work", says that "the ultimate goal of evaluation is the development of the capacity and knowledge to evaluate one's self." Self-evaluation, with guidance, leaves the nurse independent and with a sense of responsibility for her own development. It implies the removal of fear and creates a mutual respect between the experienced and inexperienced worker.

Appraisal records may be used, in this sense, as teaching material. They may become a summary or review of the student's work in all its aspects: commending strengths, recognizing weaknesses, and stimulating the student to professional development. Many of us had little opportunity to be guided in this way during our hospital training. Reports were written, and we read them if we were willing to go to the training school office and avail ourselves of this privilege. Our growth as a result of this perusal, was left to our own understanding of the contents. An "appraisal conference" would in many cases have promoted mutual understanding and respect, and a broader professional growth.

With this objective of self-evaluation in mind, let us turn to a consideration of the content of our appraisal record. We might summarize the data we wish to evaluate under the following headings:

The student's ability in nursing:

1. The adequacy of nursing care which she is prepared to give.
2. The ability to differentiate the care which should be given in relation to the type of home; the type of illness; the assistance which is available in the home; the intelligence of the home assistants.

3. Her ability to adapt the basic principles of asepsis, in surgical dressings, communicable disease visits, etc.

The student's ability as a teacher:

1. Recognition of opportunities.
2. Use of principles of learning.
3. Soundness of content — knowledge of scientific data for teaching.

Ability in recording:

1. Neatness, accuracy, promptness.
2. Ability to choose essential data to record.
3. Appreciation of the value of records.
4. The use made of the record before, during, and after the visit.

Ability in organization of work:

1. Effective use of time.
2. Management of case load.
3. Organization of visit.

Ability to use community resources and to conceive of public health nursing as a community service:

1. Co-operation with the medical profession.
2. Co-operation with other nurses.
3. Co-operation with social agencies.

Personal qualifications for public health nursing:

1. Personality.
2. Manner.
3. Tact.
4. Poise.
5. Dependability.
6. Professional appearance.
7. Ability to use supervision to promote student's own growth.

To secure accurate information regarding all these skills for each student is a difficult task. Perhaps it is right to set an objective beyond one's ability as a goal toward which to work. Our aim is to review for the student her abilities as we have seen them, with the hope that she will be guided and assisted by our observations. In order to do this, we must assemble the facts into a behaviour picture, being careful to avoid stressing one phase of her work above another. The ability to do this requires skill and practice. We have to consider the inexperience of the student in our particular field, and to appreciate the effort she has made in her limited time with us. Above all, we must strive for objectivity.

Miss Louise McManus, in an article on pre-tests and comprehensive integrating examination says: "the measurement of actual nursing practice may determine any one student's attainment, but the evaluation is of necessity largely subjective and of value only in so far as the judgment of the observer is sound." In order that our judgment be sound, we must develop what Ralph Noyer calls "consistency in dealing with others, habits of using facts in reaching decisions, an objectivity of mind."

Grading has been included as part of my subject, and to me the most difficult part. Perhaps we all feel vague about this phase of our appraisal reports. For one thing, we usually appraise staff nurses; students are with us only two or three months of the year. There should be a marked difference in the standard by which we appraise these two groups. But it is difficult to set that standard. Miss McManus says, in reference to observations of nursing practice: "this type of comprehensive examination lacks one very valuable attribute of an examination — comparability. As only one nurse can be watched carefully at a time, it is impossible to compare the attainment of one nurse accurately and objectively with the attainment of another."

If we could work out some standard (key) as a guide to the grading of student, I am sure we should all be assisted in this difficult task. Some efforts of this kind have been made. One example, that of the Welfare Division of the Metropolitan Life Insurance Company, I have before me. They have listed the various skills to be considered, grading the nurses attainment of them as A, B, C, D. This would compare to the grades, superior, above average, average, and below average of our student record. A description of the efficiency expected for each grading is enumerated, for example — one of the following appraisals might be made concerning a student's command of the subject matter of her teaching:

Grade A: Knows thoroughly the subject matter she discusses daily and has a wide scope of knowledge in related fields. Keeps up-to-date with advances in medicine and nursing.

Grade B: Usually knows subject matter she discusses daily but somewhat limited scope of knowledge in related fields. Usually up-to-date in advances in medicine and nursing.

Grade C: Not always accurate in her statements of health facts, and is very limited in her knowledge of related fields. Is (or is not) up-to-date in advances in medical and nursing sciences.

Grade D: Has very little knowledge of the cause and prevention of disease and of health promotion. Knows very little if anything of related fields. Makes inaccurate statements. Knows practically nothing about recent advances in medical and nursing sciences.

Private Duty Nurses Surprise Themselves!

A Comedy in One Act

by MADALENE BAKER

Scene, The annual meeting of the Private Duty Section of the Registered Nurses Association of Ontario.

THE CAST, in order of their appearance:

Miss District Representative,	(Keen, alert, inquisitive)
Miss Employment,	(Elderly, conservative)
Miss Eight-Hour Day,	(Vital, fairly young, up-to-date)
Miss Registries,	(The 'heavy' who springs the surprise)
Miss Hourly Nursing,	(Pale, anaemic, drooping)
Miss Education,	(Scholarly, but not convincing)
Miss Progress,	(The juvenile)

Miss District Representative:

Do the majority of private duty nurses in the Province belong to the R.N.A.O.?

Miss Registries:

I am sorry, madam, but our Section Membership has not nearly reached its potential possibilities. However, private duty nurses in most districts are becoming more interested in their professional activities, resulting in an increase in our Provincial Association Membership. In some centres local groups have made membership compulsory for eligibility to register.

Miss Employment:

I find the situation a trifle different in my department. Employment is down slightly in comparison with 1938, but centres where there had been a marked increase report that this is due to the adoption of the eight-hour day.

Miss District Representative:

Have shorter hours done much to correct unemployment?

Miss Eight-Hour Day:

A great deal. There is approximately a 50 percent increase in calls. While we are pleased that employment has been stepped up by its adoption an even more outstanding feature resulting from this development is the quality of the service. It is more efficient, more economically within the reach of a greater number of people. It provides as near to normal living as private duty nurses have ever enjoyed. The popularity of the plan may be measured by a recent vote after a year's experiment. The result was 236 for, and only 2 against.

Miss District Representative:

And to what causes do centres with decreased employment attribute their situation?

Miss Employment:

This is rather difficult to ascertain, but they believe the reasons to be economic conditions. The doctors are recommending practical nurses, and the continuance of twelve-hour duty.

Miss Eight-Hour Day:

Well, the experimental stage is past and eight-hour duty has come to stay. Its increased popularity is most evident. Four districts even report increased demand for this service in homes.

Miss District Representative:

Miss Registries, do you think registries, as they exist to-day, are giving the help they might in solving the problems of the private duty nurse?

Miss Registries:

I am afraid not. Usually registry activities do not extend beyond a clearing house for private duty nurses, and their guiding policies are very uniform.

Miss District Representative:

Just what do you mean by that?

Miss Registries:

Do you realize that over ninety percent of the registries in the Province of Ontario servicing private duty nurses, are hospital registries? One of these hospital registries operates under the direction of local graduate nurses associations; a small number operate under the direction of Alumnae Associations or Alumnae Association Boards, and the remainder are managed in hospital offices, under no appointed group?

Miss District Representative:

This *is* a surprise! But surely there must be a number of organized central registries in the Province?

Miss Registries:

Believe it or not, there are only *four* central registries, managed under the direction of elected boards. In addition to this, in one city two groups are being serviced by their own registries outside of hospitals and under the direction of boards. There are a few drug-store registries, with call service only.

Miss District Representative:

This doesn't seem possible. How about registry fees?

Miss Registries:

The fees in the four organized registries range from $5.25 to $10.00 per year; in some drug-store registries the fee is $5. per annum. A small percentage of the hospital registries charge a service fee ranging from $1.00 to $3.00 but the great majority charge no fee at all.

Miss District Representative:

It is strange we have never realized this before. Can you tell us, Miss Registries, how practical nurses stand in this registry problem?

Miss Registries:

One central registry accepts practical

nurse registrants, with one other considering the matter. Three centres report commercial practical nurse registries, and one centre states that practical nurses register with an employment bureau The remainder are found in the lists that doctors carry in their vest pockets, or are made known by friends.

Miss District Representative:

Do you think practical nurses should be included amongst registrants?

Miss Registries:

Yes. If we ever hope to bridge the gap between those needing nursing service and not receiving it we will have to learn to work in correlation with this group. Experience has taught us that there is a definite place for this type of worker.

Miss Hourly Nursing:

I do not understand, Miss Registries, why you and the other members have so much to tell us. As for me, I am so undeveloped that I have no strength to report any activities at all. And my sister, Salaried Service, is nearly as bad, although she appears to be picking up perhaps better than I am. Her work is accepted in a few centres at the request of doctors and the public, subject to the approval of the registrar.

Miss District Representative:

I am afraid you really will have to go on an advertising diet, Miss Hourly Nursing, before we can expect you to develop to any great extent. But what seems to be the difficulty with your sister, Salaried Service?

Miss Hourly Nursing:

Some difficulty has been experienced in persuading private duty nurses to accept this service although, so far as we have been able to ascertain, all calls have been filled unless the salary offered was ridiculously low. The majority of districts report that they believe practical nurses are employed because no similar salaried service is offered by graduate nurses.

Miss Education:

I am wondering if perhaps some of our difficulties are not the fault of the private duty nurses themselves. You know they say you can lead a horse to water, but you cannot make him drink, and I am sorry to say that while educational and "problem" programmes have been arranged, they have not been well attended.

Miss District Representative:

This is something, as you say, that we can blame on no one but ourselves, and we shall certainly have to make an effort to attend these meetings. How about you, Miss Progress, have you any advancement to report?

Miss Progress:

There has been a definite acceptance of the eight-hour day in centres which have experimented with the plan, and considerable thought and action regarding education in service. Post-graduate studies have been pursued in the fields of psychiatric nursing, pediatrics, obstetrics, and laboratory work. Ontario private duty nurses are not content to let the grass grow under their feet. There are only a very few centres where the eight-hour day has not been adopted and the organizing and re-organizing of Registries is out in front. There is a dawning realization that we do not meet the public need in nursing service, and we are reaching out in an attempt to solve one of to-day's most important problems. The co-operation barometer is going up. "Group-itis" is subsiding. We need help from other Sections, and we want it. Pallbearers are being chosen for "section individualists". We are on our way in an attempt to provide nursing service for all the sick, and work for every nurse.

CURTAIN

Reader's Guide

A Background of Experience summarizes the findings and recommendations of the Study of the Distribution of Medical Care and Public Health Services in Canada, recently made under the auspices of the National Committee for Mental Hygiene (Canada).

Miss Effie J. Taylor, President of the International Council of Nurses, gives a frank and fair-minded analysis of the rôle of the subsidiary worker in the care of the sick. Miss Taylor is the Dean of the Yale University School of Nursing.

Miss Nettie D. Fidler gives a vivid picture of the nursing situation in Sweden and Finland prior to the outbreak of war. Miss Fidler is the supervisor of hospital courses in the University of Toronto School of Nursing.

Miss Helen Carpenter has outlined the principles upon which the appraisal of student work is based. In her capacity as supervisor in the Toronto branch of the Victorian Order of Nurses, Miss Carpenter has had exceptional opportunities to test their validity.

Miss Madalene Baker has a thorough and intimate knowledge of the field of private duty, and in this issue presents some of its familiar problems in dramatic form.

Miss Ivy Ostic displays keen insight and warm sympathy in her discussion of the care of the chronically ill. She is a graduate of the Grant Macdonald Training School and is now nurse-in-charge of the men's private wards in the Toronto Hospital for Incurables.

Notes from the National Office summarizes the various reports presented at the recent meeting of the Executive Committee of the Canadian Nurses Association. Information is also given concerning the plans for the General Meeting.

METROPOLITAN NURSING SERVICE

The annual Regional Institute of the nurses of the Metropolitan Life Insurance Company from the different districts of the provinces of Quebec, Ontario, and Nova Scotia was held recently in the city of Quebec. Under the leadership of Miss Alice Ahern, assistant superintendent of nursing, this conference was organized by Miss Alice Albert, local supervisor, and Miss Marie E. Cantin, who is in charge of staff education in Montreal. The nurses, divided in four groups, presided over and conducted the round tables at which teaching and its importance in the nurse's work was discussed. A summary of these discussions was finally submitted to the entire group in order to arrive at practical conclusions. A meeting of the local supervisors and the head nurses of the Metropolitan Nursing Service in Montreal and Quebec, presided over by Miss Alice Ahern, closed those days of stimulation and enlightenment in our work.

—Marie Cantin

Nursing Care of the Chronically Ill

Ivy Ostic

It has occurred to me that the situation of the chronically ill might be said to be like that of a beleaguered city which the enemy has attacked and, entrenched in the outskirts, seeks by all means to reach and destroy the vital centres. Although knowing that sooner or later this end will be attained, the defense girds itself for the fray and every effort is put forth to frustrate the devices of the foe. Here, as in military warfare, the prey is human life, which must be protected at all costs. The group of sufferers classed under this heading is very large and very familiar to most of us, and their number is increasing as medical science discovers means to prolong life. That the patient may live this life, and even derive some measure of comfort from it, is the problem of hospitals which, like the Toronto Hospital for Incurables, are established to care for the chronically ill patient.

Just here the question may arise as to whether the highly trained nurse has opportunity to use her skill and knowledge in this type of work. We would say emphatically, yes! It is quite true that the thrill of assisting in expert surgery, as in the operating room of a great hospital, of making many and various new tests, even of witnessing miraculous recoveries, is lacking. Not here have we the inspiration of returning those who have been seriously ill to their loved ones in the knowledge that years of happy usefulness will yet be theirs. Yet, surely there is vast opportunity for the employment of all the arts and skills which a nurse may acquire in the relief of pain and suffering, and distress of mind and body, as well as to give the routine care which may be required. And that care is not *ordinary*, but *extraordinary*. In the observation of symptoms, the most serious responsibility rests upon the nurse for frequently the patient cannot even speak for himself. In a hundred and one ways the chronic patient (ill for a matter of years) needs skilled watchfulness to protect him from conditions to which the patient in hospital for only a few weeks is never exposed. The gradual wearing down of resistance, making him susceptible to acute infections, the presence of constant pain, which must be alleviated by medication—with, it may be, danger of habit formation—all suggest the necessity for skilled workers.

Only those who have met, day after day and month after month, the problems which arise—met and *solved* them in a greater or less degree, are competent to speak. Small victories are won over the enemy in the preservation of healthy tissues, and beating back that foe "trophic lesions", or in hospital parlance, "pressure sores," as in the case of helpless paralytics; securing moderate comfort to the arthritic, where every move, and almost every touch, causes pain; devising methods whereby movement is reduced to a minimum and by which painful joints may be cleansed and tissues kept in a healthy state; the ingenuity required to give a shampoo to a patient as utterly unable to move as a Chase doll yet harder, decidedly, to be moved—all these are but a few of the everyday occurrences to be met and dealt with.

We might, as an example, refer to the difficulty that arises when patients are transferred temporarily to an acute hospital for major surgery. Not knowing the methods employed here, which as we have said, are very varied and unusual, we sometimes have to send some of their gadgets with them. We do this, not because we are trying to show off, but because we know that the gadgets are essential to his care. The use of air-rings is an absolute necessity, but in a condition where the patient's joints are ankylosed and an air-ring is placed under him, his lower extremities are off the mattress thus throwing the entire weight of his body on his hips and back. It is then necessary to use specially prepared pillows under his feet and ankles, to take off some of the pressure, thus helping to avoid bed sores.

The administration of medication, the carrying-out of treatments, the necessary surgical dressings frequently present difficulties with patients of this type. Here again all the skill of the nurse may be directed toward a successful adaptation of her knowledge. The careful planning of the diet, not only for a diabetic, and other specific cases, but for the arthritic, the hypertension case, the hemiplegic, the cardiac case, and so on, is an important part of the nurse's duty.

The administration of the food, too, presents a problem which requires much time and patience. In order that the patient shall be encouraged to take the food so necessary to nourish the undermined system, it must be given under suitable conditions, not in haste, or at a time when mental or physical distress is present. Recently, we have installed a Waring Mixer, by which solids are liquefied. This has overcome our problem of giving nourishment to patients who are unable to swallow even a soft diet. Meats and vegetables are both reduced to liquid form, thus making it possible to give an entire meal in a glass.

Resourcefulness and ingenuity have opportunity for very full development in such nursing, and these manifest themselves as the disease progresses and the various demands arise. Ingenious devices and pieces of equipment, the patterns for which never came out of a textbook, are evolved from the nurse's brain, and take their place as an important part of the environment.

Elimination is, of course, a very important feature in this type of nursing, Extreme care is required to maintain both internal and external cleanliness, and the skill and training, as well as the adaptability of the nurse, are taxed to the utmost to secure such conditions without causing undue suffering to the patient. This will be readily understood when one follows the history of some of the outstandingly difficult cases.

Of that particularly heart-breaking group—those suffering from growths of a malignant nature—what can be said? To know one is on the last lap of the road is to many a great sadness; but to have to travel that road knowing oneself to be an offense to all around, as occasionally happens, is surely the acme of distress. Yet, often-times the nurse in her ministrations is "ministered unto," by these patients and is given to see how truly great a hero a human being can be in the midst of unspeakable suffering.

By way of palliative measures, science has done much, and in the hope that prevention and remedy will soon come abreast, we carry on. From the psychological standpoint, surely there is no field of nursing in which training could be of greater value. Knowing (as it is unavoidable that the patients must know) that they are definitely transferred, as it were, from the "hopeful" to the "hopeless" side, let us consider what devolves upon the nurse. According to temperament, the patient's reaction may be to give way to utter despair, or, as often happens, the will to fight on predominates, resulting in a certain acceptance of the inevitable. Ministered to by those who, in the face of great difficulty, present a quiet resistance to the enemy, and winning some small victories, the patient slips into a sort of régime of passivity, accepting philosophically his lot in life, until he finds himself drifting along from day to day with even some degree of happiness.

One could continue to enlarge upon the different types of patient with their varying needs, but they are known to us all. It must suffice to say that in caring for those who find themselves relegated to the backwaters of life, surely it would be well that the nurse should have an insight into the spiritual as well as the physical and psychological needs of her patient. Thus she may meet his saddened state with a spirit of high courage and devotion which will insensibly cheer and aid him, if not toward recovery, at least to a less hopeless endurance and a looking forward to that "better life" in which he shall not say, "I am sick."

Obituaries

COURTENAY MAY DENNIS died on December 27, 1939, after a long illness. She graduated in 1922 from the School of Nursing of the Queen Victoria Hospital, Revelstoke, B. C., and had practised her profession in Vancouver for the past twenty-five years.

ALBERTA MONKMAN, a graduate of the School of Nursing of the Riverdale Hospital, Toronto, died on November 20, 1939. For some years she was a valued member of the Public Health Nursing staff of the city of Toronto.

SISTER M. HIERONYME, of St. Joseph's Community, Toronto, died on January 2, 1940. The Reverend Sister (formerly Bridget Kennedy) was a graduate of the School of Nursing of the Toronto General Hospital and shortly after her graduation entered St. Joseph's Convent. The greater part of her forty-four years of consecrated service was spent at St. Michael's Hospital, Toronto, where in charge of various departments at different times, she was a good friend not only to doctors, nurses and patients of four decades, but to policemen, firemen, and even to vagrants whom she had the opportunity of helping in her own big-hearted way during long years as night supervisor. She always gave an example of professional skill mingled with the most delicate thought for the feelings of others. Her kindness and efficiency always meant at least a temporary easing of pain and the inestimable consolation of an understanding sympathy. She was a true woman, a devoted nurse, and a faithful Religious.

At the Solemn Mass of Requiem, many ecclesiastical dignitaries were present. Members of the medical staff of St. Michael's Hospital were in attendance together with many graduate nurses, some representing the Alumnae Association of St. Michael's Hospital, and others the School of Nursing of the Toronto General Hospital. Nurses in uniform acted as a guard of honour.

They are Prepared

What would old "Londoners" say if they could see the London Hospital in its war-time guise? What changes would strike them most forcibly? Two things certainly they would miss right away—the familiar, distinctive sisters' caps and the fine old trees in the hospital garden. The trees, cut down to make room for fire engines to pass, have, alas, gone for ever; but the charming, starched caps with their floating streamers have merely disappeared temporarily. They have been put away "for the duration" because it was thought they would be unpractical if gas masks had to be donned—and, moreover, if starch should prove scarce. Handkerchief caps have taken their place for the time being.

In the gardens, sandbagged windows form a background that is only too familiar these days, but an unusual sight is the ancient bell erected near the main entrance. This great bell, 200 years old—as old as the "London" itself—has been unearthed for use as a fire alarm, and its deep voice is guaranteed to rouse the neighbourhood to rapid action. The hospital will be warned in good time whatever eventuality occurs, for high up on the top of the private patients' block (which is not in use now for patients) is a look-out post where someone is on duty day and night. It is a splendid vantage place, commanding a view for miles around.

Indoors there are changes everywhere. Ceilings have been reinforced with beams and the wards and departments have been strutted with iron posts. Windows are covered with "Cellophane," and in addition have wire screens fitted on the inside to prevent broken splinters from coming in. The screens are on wooden frames and can be taken down for cleaning. Black-out curtains are fitted everywhere. All this is enough to give the hospital a most unfamiliar air, but in addition, there has been such a "general post" of wards, special departments, theatres, offices and even of living quarters, that any old "Londoner" might be forgiven for feeling slightly confused! However, as Matron, Miss Reynolds (now Sector Matron) says, "Nothing quenches the spirit of the 'London'!" and the staff have quickly adapted themselves to the new order, and, indeed, are justly proud of their many ingenious arrangements for coping with possible wartime needs.

The "evacuation wards" are the men's and women's surgical wards on the ground floor. They are quite unrecognisable now with their iron struts down the middle, little dressing trolleys placed at intervals all the way along—and no beds. Patients will be brought in on stretchers and placed on the floor for quick first-aid treatment. In the hall connecting the pair of wards there are great piles of splints of all kinds (beautifully padded, the work, of course, of the nursing staff) and quantities of sand bags. There is also a brave array of oil lamps ready for immediate use, their reflectors gleaming brightly, so there will be no working in the dark even if the current fails.

Practically all the student nurses have been moved out to other hospitals in the sector under the Government scheme, and there are only about 25 senior probationers among the 150 nurses left at the hospital. They, too, have had to change their ways like the hospital.

—*Nursing Times*

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

The Executive Committee

The final meeting of the Executive Committee of the Canadian Nurses Association for the year 1939 was held in Vancouver on December 3 at the Vancouver General Hospital. Those present were the President, Miss G. M. Fairley; the chairmen of the three National Sections: Nursing Education, Miss A. J. Macleod; Private Duty, Miss M. Teulon; Public Health, Miss M. Kerr; the Councillors from the Registered Nurses Association of British Columbia: Misses Duffield, Cavers, Innes and Mrs. Hansom; and the Honorary Secretary, Miss Kathleen Sanderson.

The activities of the C.N.A. through various special committees and the three sections included reports from which the following summary has been prepared.

Special Committees

The National Committee on Education reported progress in preparation of a pamphlet for the guidance of high school graduates who wish to enter the nursing field. The pamphlet in rough draft has been submitted for comment to the chairmen of the three National Sections. Then, after adjustments are made, a copy will be submitted to the provincial sub-committees for criticism or approval.

The supplement to the Curriculum, "Improvement of Nursing Education in the Clinical Fields", is under preparation for presentation at the time of the General Meeting in 1940.

The objectives of the National Committee on Education were approved by the Executive, namely:

1. To stimulate interest and secure the co-operation of all members of the Canadian Nurses Association through the three National Sections in promoting sound standards of undergraduate and post-graduate nursing education in Canada.
2. To assume responsibility for the study of educational problems, and to recommend adjustments which will meet the changing needs of nursing service in all fields.
3. To carry out any educational project which may be assigned to it by the Canadian Nurses Association.

The Committee personnel consists of the convener and the chairmen of the three National Sections, while the same general plan of provincial organisation as that connected with the former Curriculum Committee is adopted; that is, each provincial sub-committee on education consists of the provincial president as convener, and the conveners of the three provincial sections. It is recommended that the School of Nursing Adviser of the Province be a member of the provincial sub-committee.

These sub-committees will co-operate with the National Committee in assuming responsibility for work assigned to them by the National Committee; also by keeping the National Committee informed of any particular educational needs or problems within their respective provinces which might become the responsibility of the Committee on Education of the Canadian Nurses Association.

The National Committee on Education may be augmented in numbers from time to time when special projects are undertaken by the appointment either temporarily or permanently of additional members.

The Exchange of Nurses Committee reported cancellation of plans for exchange between two members of the New Zealand Registered Nurses Association and two members of the Canadian Nurses Association. In the opinion of the committee, activities connected with the Exchange Plan must be suspended for the duration of the war unless for interprovincial exchange. Therefore, the Executive Committee recommended that for "the duration" the objective of the Exchange Committee be the encouragement of interprovincial exchange.

Florence Nightingale Memorial Committee: The convener expressed the opinion that the provincial sub-committees would appreciate guidance from the Executive in regard to a war-time policy for the Fund. The following resolution was adopted:

> That in order to keep alive among the nurses of Canada the objects of the Florence Nightingale International Foundation, contributions be solicited as usual for the Endowment Fund of the Florence Nightingale Memorial Fund until such time as the obligations as undertaken in 1938 are fulfilled, namely, £250 annually for four years, up to and including 1942.

The Executive recommended to the *Scholarship Award Committee* that this might be an opportune time to sponsor scholarships for post-graduate study within the Dominion, in place of the Nightingale Memorial Scholarship until such time as the latter may be resumed.

The personnel of the *History of Nursing Committee* is completed. The core members are the convener, Miss Mary Mathewson, Miss Jean E. Browne and Miss Jean S. Wilson. Provincial representatives are: Alberta, Miss Kate S. Brighty; British Columbia, Miss Mabel F. Gray; Manitoba, Miss Edith McDowell; New Brunswick, Miss A. A. Burns; Nova Scotia, Miss Marion Haliburton; Ontario, Miss E. L. Clarke; Prince Edward Island, Miss Margaret Campbell; Quebec, Miss Martha Batson; Saskatchewan, Miss May Reid. The provincial representatives have been supplied with suggestions as guidance for acquiring material of historical value.

Special Committees reporting no development in activities during the interval September to December 1939 included (1) Community Nursing Service Bureaux; (2) Health Insurance and Nursing Service; (3) Curriculum for Nurses-in-Training in Mental Hospitals.

Activities of the Sections

The report of the *Private Duty Section* included reference to Provincial Sections. In *Alberta*, an eight-hour day for private duty nurses is well established in the city of Edmonton; the plan remains optional in Medicine Hat. In *Manitoba*, over one hundred private duty nurses have subscribed to the Greater Winnipeg Group Hospitalization Plan. On behalf of nurses who wish to secure appointments as technicians in small hospitals or doctors' offices the hospitals in Winnipeg and St. Boniface have consented to give the necessary instruction. In *New Brunswick*, they are not yet ready for the introduction of the eight-hour day. So far no attempt has been made to control and supervise practical nurses. In *Ontario*, educational programmes are in progress in about seventy centres. An effort to have an eight-hour day by law enforcement has been postponed during the war. In *Prince Edward Island*, they are unable to secure an eight-hour day. The development of some satisfactory registries is greatly desired by the private duty nurses. In *Quebec*, a well arranged educational programme is in progress. So far, private duty nurses in Montreal are unable to obtain the cooperation of local hospitals toward enforcing eight-hour duty. In *Saskatchewan*, some progress has been made with the introduction of eight-hour duty.

Suggestions for the programme of the Private Duty Section during the General Meeting in 1940 included:

A report from each Province regarding unregistered graduate nurses, practical nurses, and those graduated by some hospitals after a one-year course in maternity nursing.
The possibility of obtaining legal protection for registered nurses.
Reorganization of registries.
Round table discussion.
Speaker on "Moral Rearmament".

The current programme of the *Public Health Section* includes a study of "Minimum Qualifications for Employment of Public Health Nurses"; the active co-operation of the provincial sections is being solicited on behalf of this study.

The Nursing Education Section reports that all the Provincial Sections are inquiring into nursing education problems and seeking improved and more uniform standards in nursing techniques. The chairman of the Section had conferred with the convener of the committee on Eight-hour Duty for Nurses of the C.N.A., and it was decided that the present is not an appropriate time to make nation-wide surveys relative to hours of work or salaries. Any questionnaire in regard to problems of the graduate nurses which might have been sent out by the Section have been postponed indefinitely.

Representatives to War Council

The appointment, in October 1939, of Miss Elizabeth Smellie, first vice-president of the Canadian Nurses Association, and Miss Constance Brewster, president of the Registered Nurses Association of Ontario, as representatives of the Canadian Nurses Association to the War Council of the Canadian Red Cross Society was ratified.

General Meeting

The Executive Committee of the Canadian Nurses Association, having accepted the recommendation of the Alberta Association of Registered Nurses to hold the General Meeting in 1940 in Calgary rather than in Banff, the Committee on Arrangements, under the convenership of Miss Kathleen Connor, now are busily engaged with local plans for the General Meeting.

The Hotel Palliser will be convention headquarters for the Canadian Nurses Association from June 24-29 inclusive. As customary, meetings of the C.N.A. Executive Committee, of corresponding committees of the three National Sections, and of special committees will be held on Monday, June 24.

The first general session will open on Tuesday morning, June 25, while that evening addresses of welcome will be extended to the visiting nurses by representatives of the Province of Alberta, the City of Calgary, and of the Medical and Nursing Professions of that Province. The same evening, the memory of the Founder of the Canadian Nurses Association will be honoured when the Mary Agnes Snively Memorial Medal will be awarded to three members of the National Organization. The preliminary draft of the programme for the convention week shows that the programme committee are arranging to allow adequate time for the presentation and discussion of the several projects undertaken by the C.N.A. during the present biennium.

Hotel Accommodation

Nurses who wish to secure accommodation at the Hotel Palliser are urged to make early reservation. Such requests should be addressed to the Manager, Hotel Palliser, Calgary. Most reasonable rates are offered to members of the Association. The Committee on Arrangements have also submitted rates for accommodation elsewhere than at the convention headquarters. The rates for Hotel Palliser and elsewhere are quoted herewith. The rates quoted are per diem, except when otherwise stated. The prefix "S" means single room; the prefix "D" means double room.

Hotel Palliser—S.R., $3.00; D.R., $2.00; 3 in a room, $1.25; each room has connecting bath.

York Hotel—S.R., $1.50; D.R., $1.25.

Wales Hotel—S.R., $1.75 - $2.50; D.R., $1.25 - $1.75.

Empress Hotel—S.R., $2.00 or $12.00 per week; D.R., $1.50 or $9.00 per week.

Braemar Lodge—S.R., $1.50; D.R., $1.00.

Rooms without bath at slightly lower rates than those quoted above are available at the York, Wales and Empress Hotels and at Braemar Lodge. The Wales and Empress Hotels are termed "family hotels".

Any nurse who wishes additional information relative to accommodation should write to Miss Mary Maclear, 1707 Broadview Road, Calgary, Alberta. Miss Maclear is convener of the sub-committee on housing of the committee on arrangements for the General Meeting.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Manitoba:	
Graduate Nurses, Portage la Prairie	$5.00
Graduate Nurses, The Pas	2.00
Nova Scotia:	
A.A., Children's Hospital, Halifax	5.00
School of Nursing, St. Martha's Hospital, Antigonish	10.00
Ontario:	
A.A., School of Nursing, University of Toronto, Toronto	10.00
A.A., Mack Training School, St. Catharines	10.00
Quebec:	
Edith Cavell Chapter, I.O.D.E., Montreal	5.00

V.A.D. Training

A meeting of the Joint Committee of the St. John Ambulance Association, the Canadian Red Cross Society and representatives of the Canadian Nurses Association and the Hospital Council of the Canadian Medical Association was held in Toronto on January 4, 1940.

From the minutes of that meeting, the Executive Secretary of the Canadian Nurses Association has prepared the ensuing report.

The meeting was called to consider the need for the training of V.A.D. workers at the present time. Those present were: Colonel H. A. Bruce, chairman of the meeting; Dr. John C. MacKenzie and Colonel A. E. Snell, representing the St. John Ambulance Association; Miss Jean Gunn, Mr. N. Somerville (alternate for Mrs. H. P. Plumptre), and Dr. J. T. Phair, representing the Canadian Red Cross Society; Miss Elizabeth Smellie, representing the Canadian Nurses Association; and Dr. Harvey Agnew, representing the Hospital Council of the Canadian Medical Association.

Colonel Snell reported that the Department of National Defence had advised they could not make use of V.A.D. workers, either at home or abroad, in connection with the Canadian Army at the present time. He also reported a cable from the V.A.D. Council of the Joint Committee of the British Red Cross and St. John Emergency Committee of Great Britain, advising that V.A.D. workers could not be used at the present time.

After discussion, the Joint Committee adopted the following resolution:

"That in view of the fact that neither the Department of National Defence in Canada, nor the V.A.D. Council of the Joint Committee of the British Red Cross and St. John Emergency Committee in Great Britain, can at present use V.A.D. workers, either at home or abroad, this Joint Committee does not recommend any hospital or advanced training such as is required to qualify applicants for V.A.D. work."

Resulting from discussion of the question of preparing a syllabus for advanced training for V.A.D. workers, if and as when the Department of National Defence should require this service, the following resolution was adopted:

"That a sub-committee of this Joint Committee be appointed to prepare a syllabus for advanced training for V.A.D. work, (in case same should ever be required in Canada) and to report back to this Committee; and that said Committee should consist of Miss Elizabeth Smellie, representative of the Canadian Nurses Association, as chairman; Miss Jean I. Gunn representing the Canadian Red Cross Society; a representative of the St. John Ambulance Association; and a representative of the Department of National Defence; with power to add to their number."

BOOK REVIEWS

FUNDAMENTALS OF CHEMISTRY FOR NURSES, by Charlotte A. Francis, A. M., Instructor in Chemistry, Teachers College, Columbia University; and Edna C. Morse, A. M. R.N., Instructor in Chemistry, Teachers College, Columbia University. Published by The Macmillan Company of Canada, 70 Bond St., Toronto. Price, $3.30.

The authors of this book are to be congratulated on producing a text book which may be used in short courses in chemistry where the material being taught is taken from inorganic, organic chemistry, and biochemistry. The authors and the publishers of this text have the further distinction of having produced this book in the month of September, thus making it available for use at opening of term in most schools of nursing. From the table of contents, the division of the material in the book is nineteen chapters dealing with inorganic chemistry, nine chapters on organic chemistry, and two chapters on biochemistry. This division of subjects is commendable as it places in one book the necessary reference material in inorganic chemistry while at the same time giving the subjects organic chemistry and biochemistry the right emphasis for a course which must treat these subjects in a brief manner. A statement is made in the preface that this book is intended for the use of students in order to make their studies more meaningful. On reading the text this purpose is clearly seen in the use of word diagrams but that which is used for clearness by the authors tends to be made difficult by exaggeration of explanation. It tends towards that which Cornelia T. Snell writes of in an article entitled, "Writing about Chemistry" in the December number of *The Journal of Chemical Education*—when she states that the author who writes as he teaches in the classroom frequently produces phrases which have to be read and re-read before the meaning becomes clear.

On various subjects in organic chemistry and biochemistry on which opinions differ, one would not expect every teacher of chemistry to agree with the authors of this book; it will thus serve as an excellent stimulant to clearer thinking and more frequent turning to original material and in so doing thus serves a good purpose.

This book is commended to teachers of chemistry for the choice of material from the wide field of chemical subjects, and to students in chemistry because it is written by teachers who, from long years of experience with students, understand their needs.

W. L. CHUTE,
Lecturer in Science,
School of Nursing,
University of Toronto.

HOW TO CONDUCT PUBLIC MEETINGS,

by HELEN GREGORY MACGILL, Judge in the Juvenile Court, Vancouver, B. C. 140 pages. Published by Thomas Allen, 266 King St. West, Toronto. Price, $1.00.

This handy little manual will prove most valuable to all members of nursing organizations who are interested in conducting meetings in an orderly manner and especially to presiding officers and secretaries. Judge MacGill has based the rules of procedure, set forth in her book, upon the usage of the Canadian House of Commons and also quotes from other competent authority. The duties of officers are clearly set forth and there is an enlightening chapter on the prickly question of the "amendment to the amendment".

A HARDY PERENNIAL

Once more it is our melancholy task to warn the unwary that a fraudulent agent is operating in Montreal. His method of approach is quite ingenious. First he asks you to give him a cheque for one dollar, made out in favour of *The Canadian Nurse;* then he asks you for a dollar in cash as his "commission". Needless to say, the *Journal* never receives your cheque and you never receive the *Journal.* The sad thing is that when he goes on his way rejoicing, with your dollar in his pocket, he tells the next victim that *you* subscribed through him and urges her to do likewise.

Once more we repeat the old refrain: *Send in your subscription direct to The Canadian Nurse.* We get your money—and you get your *Journal.*

STUDENT NURSES PAGE

When We Go Affiliating

KATHARINE VAUGHAN

Student Nurse,

School of Nursing, Sherbrooke General Hospital

Affiliations open to student nurses a new world of interesting pathological cases and modern theory. In every respect they tend to broaden and to enlighten. New channels of thought are opened, new and improved procedures are demonstrated, and the most modern theory is taught by experienced surgeons and physicians.

The object of affiliating is to allow the student nurse to gain experience and knowledge in some particular branch in which her own hospital has limited facilities. Affiliating is a challenge to a nurse and the very fact that she is acting not only as an individual, but as a representative of her own hospital, calls forth all her previously acquired skill and knowledge. Each of us is proud of her own hospital although the realization of this fact may never have occurred to us until we are mixed with a group of students from different institutions. Then we become very loyal and do our best to uphold the ideals and standards of our own school. Students from large hospitals mingle with students from smaller places and we are, upon first meeting, immediately upon the defensive. Then we gradually "thaw" towards each other. The smaller institution is seen to have its good points and the larger ones acquire a more human aspect. We give and take and become good friends and surround our affiliation with an air of congenial companionship.

We learn a tremendous amount and acquire a new confidence and a swift sureness that we take home with us and I think that we acquire a great deal of this through imitation. At the hospitals where we are affiliated, we receive daily bedside instruction and are not just told how and why to do certain things, but are shown the actual procedure. There is also the opportunity for intense observation. In her own institution, the student may see the odd case of osteomyelitis or scurvy, but now she has the chance to see and to work in wards full of patients suffering from these diseases.

The greater part of my own affiliations has been in pediatrics. Contact with children opens a new world in the field of nursing, and in the hospital where I received my training, the child dominates. It is completely his world and he alone is the reason for the intricate experiments performed in search of new knowledge. Everything is done for him, and because of him.

The Children's Memorial Hospital in

Montreal was the first in Canada to use play therapy. Upon our arrival, our attitude towards being taught how to play "Ring around a Rosy" and to recite nursery verses was one of suspicion and complete contempt. Now we realize that play is the great bond between the child and the adult, a common language, a medium through which the art of healing is introduced and carried on.

There is one undesirable but inevitable feature of affiliating —the fact that there is a lack of uniformity of ideas between hospitals concerning details such as bed-making, which may seem trivial enough. In one institution the nurse places the baby at the foot of the bed when she changes a sheet, and in the next this is considered a very incorrect method and she is upbraided for her lack of care in doing such a thing. This example is not in itself a very grave thing, but after a series of such rebukes the student becomes confused and resentful and begins to be suspicious of the knowledge of any of her superiors. She finally resorts to an original and possibly imperfect way of carrying out procedures. We all realize that this flaw is inevitable and that it is only logical that each student should adjust herself to the institution rather than each hospital attempt to adjust its routines to its students.

From all my affiliations, I feel that I have gained a new insight into a modern, progressing world of nursing, a new desire to learn and to find out about things, and a confidence and steadiness inspired by the teachers in these hospitals. But it is only in my work with children I have seen a new beauty in nursing and the faith, confidence and courage of a child have been deeply impressed upon me.

I shall always remember a little boy only two years old who had been operated on for intussuception. He was recovering nicely and quickly gaining strength. He was my patient and while bathing him in the mornings I had formed the habit of snapping my fingers for his amusement. This little action never failed to delight him and in vain he rubbed and twisted his own baby fingers in an attempt to produce the "snap". I left the ward for three days, during which time my little patient contracted broncho-pneumonia and was dangerously ill. Upon my return to the ward he was again placed on my patient list and I was startled by the swift, appalling change in his appearance. I was careful and serious as I approached his bed and made preparations for his bath but as I started to strip his bed clothes, he looked up at me, a tiny pitiful smile came into his eyes and touched his lips, and unbelievably one small white hand came up and began the unsuccessful attempts at "finger snapping". The wards of a children's hospital are full of little heroisms, and gallantries, and faith.

Here at this Children's Memorial Hospital they are more than patients — they are members of a family. I shall always remember it high on the mountain with its lights, friendly and warm, and with the shrill, brave laugh of a child coming through the dusk.

And all like fairyland it stands
With peace and hope in hand with pain
And walking though the streets of life
Oft I shall think of it again.

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NEWS NOTES

ALBERTA

LETHBRIDGE:

A recent meeting of the Lethbridge Graduate Nurses Association took the form of a social evening held at the "Y" where bowling was much enjoyed.

Sister Imelda, formerly from Sydney, N. S., has taken the place of Sister Lucille who has gone to St. Michael's Hospital at Broadview, Saskatchewan.

Married: Recently, Miss Isobel Hingston (Saskatoon City Hospital) to Mr. Frank Quinton.

Married: Recently, Miss Marjorie McDonald (Galt Hospital) to Mr. Donald McNabb.

Married: Recently, Miss Madeline Ann MacCormack (Galt Hospital) to Mr. Bert Saunders.

BRITISH COLUMBIA

NELSON:

The Nelson Graduate Nurses Association has appointed the following members to serve during the coming year: Honourary president, Miss Vera B. Eidt; president, Miss Helen Tompkins; first vice-president, Miss Jennie Ulfsten; second vice-president, Miss Joyce Weaver; secretary, Miss Berniece Laing; treasurer, Miss Elsie M. Smith. The committee conveners are: Private duty section, Miss Kathleen Scott; membership, Miss Ethel Smith; ways and means, Miss Anne McKinnon; social, Miss Audrey Richardson; programme, Miss Mildred Patterson; sick committee, Miss Gladys Abbott; correspondent, *The Canadian Nurse*, Miss Vera B. Eidt.

NEW BRUNSWICK

MONCTON:

The regular monthly meeting of the Moncton Chapter of the New Brunswick Association of Registered Nurses, was held at the Moncton Hospital with the president, Miss Hillyard, in the chair. Several nurses who were ill, and the children in the Hospital were remembered at Christmas.

The subscriptions to *The Canadian Nurse* were renewed on behalf of the student nurses in the Moncton Hospital and the Hotel Dieu. A social hour followed.

Married: Recently, Miss Dorothy Wared (Moncton General Hospital, 1934) to Pte. Lawrence MacFadden.

Married: Recently, Miss Rhoda Anderson (Moncton General Hospital, 1936) to Mr. George Nethercoat.

Married: Recently, Miss Elaine Babcock (Moncton General Hospital, 1936) to Mr. Walter Merrell.

ONTARIO

DISTRICT 4

HAMILTON:

St. Joseph's Hospital:

The Alumnae Association held the last meeting of the year on December 7, and Miss M. Kelly resigned from her position as secretary-treasurer. Dr. R. Fraser gave an interesting talk on spinal anesthesia in obstetrics and demonstrated with two moving picture films.

Misses M. Mitchell and E. Hart have resigned from St. Joseph's Hospital staff to join the General Hospital Unit in Toronto.

Married: Recently, Miss Ruth Dooley (St. Joseph's Hospital) to Dr. Goodbrand.

ST. CATHARINES:

St. Catharines General Hospital:

Miss Florence Richardson (M.T.S., 1935) has left the staff of the St. Catharines General Hospital, for military service.

Married: Recently, Miss Muriel Olton (M.T.S., 1929) to Mr. A. Miller.

Married: Recently, Miss Frances Masher (M.T.S., 1938) to Mr. Charles Newton.

Married: Recently, Miss Mildred A. Rittenhouse (M.T.S., 1928) to Mr. Edwin Willey.

DISTRICT 5

TORONTO:

Toronto Western Hospital:

The annual meeting of the Toronto Western Hospital Alumnae Association was held recently with the president, Miss Gladys Sharpe, in the chair.

The financial report showed that $400. had been paid to the Hospital Board of Directors for the Building Fund; $375. was paid in scholarships for Nursing Education; $563. was paid, through the Benefit Fund, for the care of sick nurses.

An interesting demonstration of how to keep fit was given by Miss Natalie Platner, instructress in the "Women's Keep Fit Movement", and her associates.

The Alumnae Association has decided to assist the Canadian Red Cross Society by or-

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King & Roser—Anatomy & Physiology Laboratory Manual & Study Guide
Muse—Psychology, **4th ed.**
Parkinson—Eye, Ear, Nose, & Throat Manual for Nurses, **4th ed.**
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Williams—Anatomy & Physiology, **6th ed.**

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ganizing the Toronto Western Hospital Red Cross Auxiliary which embraces the entire clerical, dietary and nursing personnel of the hospital. It is convened by Mrs. P. B. Brown and is divided into groups, each having a captain who is responsible for specific duties.

Officers were elected to serve during the coming year: Honourary presidents, Miss B. Ellis, Mrs. C. J. Currie; president, Miss Grace Paterson; vice-president, Mrs. Douglas Chant; corresponding secretary, Miss A. Needham; recording secretary, Miss I. Butler; treasurer, Miss Gladys Sharpe; representative to *The Canadian Nurse*, Miss Miss J. Wallace.

Married: Recently, Miss Evelyn Jessie Knowles to Mr. Charles Lawrence Dunbar, K.C.

Married: Recently, Miss Rosemond Harris (T.W.H., 1934) to Dr. James McKellar.

DISTRICT 6

BELLEVILLE:

Chapter A, District 6, R.N.A.O., recently held their meeting in the Ritchie Memorial Nurses Residence following the business meeting of the Alumnae Association. Miss L. Bertram, chairman of the Chapter, presided. It was decided to continue holding the Alumnae Association meeting and the Chapter meeting together for the present. The programme was in charge of the Nurse Education section of which Miss Muriel Thompson, as nurse education representative, had charge. The programme was divided under the following headings and only three minutes allowed for each paper: selection of student nurses, Miss R. Thompson; health programme for students, Miss H. M. Collier; curriculum and class facilities, Miss M. Thompson; recreation for student nurses and graduate nurse education, Miss L. Bertram; ward teaching, Miss M. J. Youmans; working conditions, Miss M. S. Byers. At the close of the meeting a dainty lunch was served under the direction of Miss M. MacIntosh.

Belleville General Hospital:

The Alumnae Association of the Belleville General Hospital recently held their regular meeting with Miss R. Fitzgerald in the chair. The making of dressings and surgical supplies for this district of the Red Cross was discussed and it was decided that the nurses would be responsible for these and that a room would be available in the residence. A discussion concerning the pediatric department also took place.

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COBOURG:

The annual meeting of Chapter B, District 6, R.N.A.O., was held recently at the General Hospital, Cobourg. The chairman, Miss I. Shaw, presided. A total membership of thirty-nine was reported and a special effort is to be made to secure subscriptions to *The Canadian Nurse.*

The election of officers for 1940 resulted as follows: Chairman, Miss I. Shaw; vice-chairman, Miss M. Gibb; secretary-treasurer, Miss V. Taylor; nurse education, Mrs. H. Beatty; private duty, Miss G. Macklin; public health, Miss Polson; committee conveners: nominating, Miss V. Gibson; membership, Miss M. Waechter; social, Miss A. Mitchell; programme, Miss J. Graham; *The Canadian Nurse* representative, Mrs. O. Pomeroy.

Miss Graham and the nursing staff later entertained at bridge.

LINDSAY:

Ross Memorial Hospital:

The annual meeting of the Alumnae Association of the Ross Memorial Hospital, Lindsay, was held recently. The drawing of the lucky ticket for the occasional chair took place and Miss A. McNiellee was the winner. Red Cross work was discussed and a donation made to the Santa Claus Stocking Fund.

The following are the new officers: Honourary president, Miss E. S. Reid; president, Miss Flora Moffatt; first vice-president, Mrs. Thurston; second vice-president, Mrs. U. Cresswell; secretary, Mrs. Moebus; treasurer, Mrs. Rutherford; press secretary, Miss Dorothy Wilson. Committees were appointed as follows: Programme, Miss Gladys Lehigh and Miss Margaret Stewart; refreshments, Miss Isabelle Hickson and Miss Aileen Flett; flowers, Miss Alma Irwine. The convener of the Red Cross Supply is Miss A. Flett. Dainty refreshments were served by Miss Reid and her staff.

Married: Recently, Miss Eva J. McMaster (R.M.H., 1936) to Mr. P. MacKie Kennedy.

Married: Recently, Miss Helen Sinclair (R.M.H., 1937) to Mr. Clare Jewell.

PETERBOROUGH:

The annual meeting of Chapter C, Dis-

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trict 6, R.N.A.O., was held recently at the Nicholls Hospital, Peterborough. Mrs. D. Hill, vice-president, occupied the chair in the absence of the president. The election of officers resulted as follows: President, Mrs. M. Rundle; first vice-president, Mrs. D. Hill; second vice-president, Miss W. Ahern; secretary-treasurer, Miss M. Pickens; nurse education, Rev. Sister Gonzaga; public health, Miss Z. Hearney; membership, Mrs. B. Hickey; private duty, Miss L. Hogan; committee on entertainment: Miss E. Reid, Miss Conlin, Mrs. D. Hill, Mrs. Pogue, Miss Flett, Miss Snider; Zone Red Cross, Miss F. Vickers; finance committee: Mrs. R. Taylor, Miss E. Reid, Mrs. B. Hickey; transportation, Mrs. F. Revoy.

A very interesting demonstration of a bed for burned or shocked patients was given by Miss Scott, and of lumbar puncture by Miss Renurick, students of the Nicholls Hospital Training School. The treatment of burns was discussed and many interesting points brought up. A vote of thanks was tendered by Miss Heaslip, seconded by Miss Ashie for this excellent demonstration.

Dr. Dawson gave a very entertaining talk on the Associated Medical Service in Peterborough and spoke regarding its purpose and the many benefits which may be derived from membership. A social half-hour was much enjoyed.

DISTRICT 7

BROCKVILLE:

Brockville nurses have organized a Chapter of the Registered Nurses Association, meetings to be held on the second Monday evenings of each month. Officers have been elected as follows: President, Miss E. Moffatt, Brockville General Hospital; vice-president, Mrs. Hourigan, St. Vincent de Paul Hospital; secretary-treasurer, Miss E. Ardell, Ontario Hospital; press representative, Miss H. Corbett, 127 Pearl Street East, Brockville; programme committee: Miss Dempsey, Ontario Hospital; Miss K. Walsh, St. Vincent de Paul Hospital; Miss N. Louch, General Hospital.

Dr. Moorehouse of the Ontario Hospital staff, recently addressed an exceptionally well attended meeting of the Chapter in the nurses residence of the Ontario Hospital, the subject being insulin shock therapy. At the close of the meeting Miss E. Ardell and staff served refreshments.

Brockville General Hospital:

The year 1940 being the fiftieth anniversary of the founding of the training school of the Brockville General Hospital, the Alumnae Association are planning for a reunion of all graduates early in the summer.

The nurses Alumnae Association of the Brockville General Hospital recently held a successful bridge and dance. The entire proceeds were donated to the Brockville Branch of the Canadian Red Cross Society. **Members are busily** knitting for the Red Cross and are planning to make hospital supplies.

Miss Laura Logan of the staff of the Brockville General Hospital, is at the Royal Victoria Hospital, Montreal, for a three-months course in obstetrical nursing.

Married: Recently, Miss Ruth Harkness (B.G.H.) to Mr. Clifford Joy.

Married: Recently, Miss S. Tolles (B.G.H.) to Mr. E. Wiltsie.

Married: Recently, Miss L. Sales (B.G.H.) to Mr. T. Baker.

KINGSTON:

A meeting of Kingston Chapter, District 7, Registered Nurses Association of Ontario, was held recently in the Hotel Dieu Hospital. The members showed evidence of their interest in war work by contributing a large number of knitted articles for soldiers. Professor Roy, of Queen's University, gave a most interesting and enlightening address on "Germany at War".

The School of Nursing of the Kingston General Hospital has two graduates who are engaged in very interesting work in the field of nursing—Miss Pearl Reid (K.G.H., 1927) who has been in Northern China for the past five years and to whom great credit is due for her splendid missionary nursing work which has been carried on under great handicap; also Miss Eva Cox (K.G.H., 1933) who joined the International Grenfell Association last year, and at present is stationed at Harrington, Canadian Labrador.

Married: Recently, Miss Alice Elizabeth Davison (K.G.H., 1935) to Dr. Gordon Telfer.

DISTRICT 8

OTTAWA:

Ottawa Civic Hospital:

A meeting of the Alumnae Association of the Ottawa Civic Hospital Alumnae Association School of Nursing, was held on December 11, and, following a short business meeting, a demonstration was given by a small group of the Ottawa Health and Beauty League, under the leadership of Miss Tudhope. Much interest was shown by our graduate staff and alumnae members and it is hoped that in the near future, some of the Ottawa Civic Hospital graduates will form a part of the Ottawa League.

Among those successful in passing the examinations for Fellowship in the Ontario Society of Radiographers, were Miss Evelyn Pepper and Miss Grace Froats, of the Ottawa Civic Hospital staff.

Married: Recently, Miss Margaret Shipman (O.C.H., 1939) to Mr. Hugh Johnson.

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Married: Recently, Miss Jessie Johnson (O.C.H., 1926) to the Rev. Harold Clugston.

Married: Recently, Miss Ila Johnson (O.C.H., 1932) to Mr. Gordon Johnston.

Married: Recently, Miss Betty Rowe (O.C.H., 1939) to Mr. Herbert Norris.

Married: Recently, Miss Audrey Foster (O.C.H., 1939) to Mr. Edward C. Bains.

Married: Recently, Miss Josephine Burns (O.C.H., 1934) to Mr. D. H. Beaver.

Married: Recently, Miss Daisy Greer (O.C.H., 1930) to Mr. Martin Bowlby.

Married: Recently, Miss Doris Cairns (O.C.H., 1935) to Mr. Ernest Smithers.

Married: Recently, Miss Lillian James (O.C.H., 1930) to Mr. John A. McCracken.

District 9

The Sault Ste. Marie Chapter held a successful dinner, and an inspiring and vivid address was given by Mrs. Vail, who portrayed the high ideals attained by nurses serving during the war.

Miss R. Bourne, of the Ontario Red Cross Society, recently addressed the North Bay Chapter, explaining the importance of Red Cross Home Nursing classes, but emphasized the fact that these classes did not qualify for V.A.D. service.

The Temiskaming Chapter are holding frequent meetings and combine their Chapter activities with their Red Cross work.

Dr. Agnes Jamieson recently addressed the Gravenhurst Chapter on "Drugs and Bugs" stressing individual responsibility. Dr. Herbert Pugsley gave an interesting paper on the use of helium and nitrogen in pneumothorax treatment.

Married: Recently, Miss Christene Keith (School of Nursing, University of Toronto, 1933) to Dr. W. C. Arnold.

QUEBEC

Montreal:

School for Graduate Nurses, McGill University:

A business meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, was held recently at the Royal Victoria Hospital, with Miss Blanche Herman presiding. Following the meeting, the members of the Alumnae entertained the students of the School.

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C. M. Powell, R. N., Director

1939) has been appointed to the staff of the City Health Department, Montreal. Miss Olive McPhee (Public Health, 1934) has been transferred from the nursing staff of the Metropolitan Life Insurance Company in Fort William to their nursing staff in Glace Bay. Miss Lillian Pettigrew (Public Health, 1939) has been appointed to the staff of the Victorian Order of Nurses in Toronto. Miss Janet Woodworth (Public Health, 1932) (now Mrs. Angus) is continuing her work as a member of the nursing staff of the Metropolitan Life Insurance Company in New Westminster, B. C.

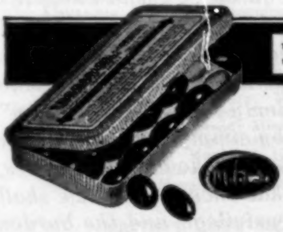
SHERBROOKE:

The official opening was held recently of the new wing of the Sherbrooke Hospital nurses residence. This new wing contains sixteen rooms modernly furnished.

The Sherbrooke Hospital Alumnae Association recently held their annual dance at the New Sherbrooke House which was very successful.

Married: Recently, Miss K. Hatch to Mr. Stanley Jim Briggs.

Married: Recently, Miss Maude Coles McCrea to Dr. H. S. Ellis.



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Manitoba Association of Registered Nurses

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ONTARIO

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